

## TELEFAX COVER SHEET

**MOSER, PATTERSON & SHERIDAN, LLP**

ATTORNEYS AT LAW  
595 SHREWSBURY AVENUE  
FIRST FLOOR  
SHREWSBURY, NJ 07702  
TELEPHONE (732) 530-9404  
TELEFAX (732) 530-9808

\*\*\*\*\*  
THIS TELEFAX MESSAGE IS ADDRESSED TO THE PERSON OR COMPANY  
LISTED BELOW. IF IT WAS SENT OR RECEIVED INCORRECTLY, OR YOU ARE  
NOT THE INTENDED RECIPIENT, PLEASE TAKE NOTICE THAT THIS MESSAGE  
MAY CONTAIN PRIVILEGED OR CONFIDENTIAL MATERIAL, AND YOUR DUE  
REGARD FOR THIS INFORMATION IS NECESSARY. YOU MAY ARRANGE TO  
RETURN THIS MATERIAL BY CALLING THE FIRM LISTED ABOVE AT (732) 530-9404  
\*\*\*\*\*

THIS MESSAGE HAS 22 PAGES INCLUDING THIS SHEET

TO: Commissioner for Patents  
FAX NO.: 703-872-9310  
FROM: Keith Taboada, Esq.  
DATE: August 22, 2003  
MATTER: Serial No. 09/905,513 Filed: July 13, 2001  
DOCKET NO.: 6089/CALB/ECP/PJS  
APPLICANT: Kholodenko

**OFFICIAL**  
FAX RECEIVED  
AUG 22 2003  
TC 1700

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition  
☐ Disclosure Statement & PTO-1449  
☐ Priority Document  
☐ Drawings (     sheets) informal  
☐ Amendment  
☒ Response to Office Action (19 pages)

☒ Transmittal Letter (2 copies)  
☐ Fee Transmittal (2 copies)  
☐ Deposit Account Transaction  
☒ Facsimile Transmission Certificate  
dated August 22, 2003

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being transmitted by facsimile to Mail Stop Non-Fee  
Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 22, 2003,  
Facsimile No. (703) 872-9310.

Allyson M. DeVesty  
Name of person signing this certificate

Allyson M. DeVesty 8-22-03  
Signature and date

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

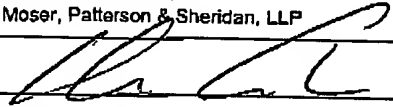
Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/905,513
		Filing Date	July 13, 2001
		First Named Inventor	Kholodenko
		Group Art Unit	1742
		Examiner Name	Wesley A. Nicolas
Total Number of Pages in This Submission		Attorney Docket Number	6089/CALB/ECP/PJS

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response (19 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Keith Taboada, Esq. Moser, Patterson & Sheridan, LLP	
Signature		
Date	August 22, 2003	

FAX RECEIVED

AUG 22 2003

TC 1700

OFFICIAL

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

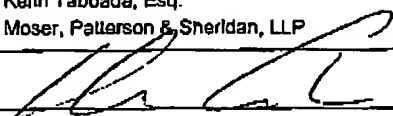
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/905,513
	Filing Date	July 13, 2001
	First Named Inventor	Kholodenko
	Group Art Unit	1742
	Examiner Name	Wesley A. Nicolas
Total Number of Pages in This Submission	Attorney Docket Number	6089/CALB/ECP/PJS

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response (19 pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks  It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Keith Taboada, Esq. Moser, Patterson & Sheridan, LLP
Signature	
Date	August 22, 2003